

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Eddie Van Oliver III Joshua Oliver	COURT CASE NUMBER	2:25 CV 748
DEFENDANT	Deidra Webster, City of Columbus , Aron Terry Jessica Terry State of Ohio, Mark Yarboro	TYPE OF PROCESS	

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Deidra Webster, City of Columbus , State Of Ohio , State of North Carolina, Aron Terry Jessica Terry
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Mark Yarboro

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be
served with this Form 285

Number of parties to be
served in this case

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

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Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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		No. _____	No. _____		

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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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U.S. Marshals Service (USMS)

USMS District 61-Southern Ohio

Options & Language ▾

Your information was submitted successfully. Use the credentials below to login and add additional information at any time. Also, please login often to see if any questions or messages have been left for you. You can login through your browser on a PC, smart phone, or other mobile device.

Login Instructions

Website: www.p3tips.com

Tip ID: 777-W62398

Password: F9B3L2

You may reach us by the following methods:

iOS or Android Mobile App: P3 Tips

Mobile or PC Browser: www.p3tips.com

Important: Record the login information above somewhere safe. Thank you for contacting the U.S. Marshals Service Tip Line. The information you have provided will be reviewed and evaluated according to the U.S. Marshals Service and Department of Justice guidelines, and appropriate action will be taken. Your time and effort in providing this information is appreciated. If you wish you can add any additional information at anytime. This tip line is exclusively dedicated to receiving information on USMS wanted fugitives, registered sex offenders not residing at correct address, or potential threats to the federal judiciary. If you are attempting to report a crime or public safety concern, please contact your local law enforcement authorities. If this is an emergency or urgent matter contact 911.

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PLAINTIFF	Eddie Van Oliver III Joshua Oliver	COURT CASE NUMBER	2:25 CV 748
DEFENDANT	Deidra Webster, City of Columbus , Aron Terry Jessica Terry Mark Yarboro	TYPE OF PROCESS	

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ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Mark Yarboro

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Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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Signature of U.S. Marshal or Deputy	

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PLAINTIFF	Eddie Van Oliver III Joshua Oliver	COURT CASE NUMBER	2:25 CV 748
DEFENDANT	Deidra Webster, City of Columbus , Aron Terry Jessica Terry Mark Yarboro	TYPE OF PROCESS	
State of Ohio,			
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Deidra Webster, City of Columbus , State Of Ohio , State of North Carolina, Aron Terry, Jessica Terry		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Mark Yarboro		

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DEFENDANT	Deidra Webster, City of Columbus Aron Terry Jessica Terry	TYPE OF PROCESS	
State of Ohio			

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AT**

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